

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. _____

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. 1113

To _____
(Payee)

PAID BY
SAPC 7647
COPY 1 OF 3

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				10,377	88
		STATINTL					
Use continuation sheet(s) if necessary							
Total						\$10,377	88

PAYMENT:
Complete ☐
Partial ☐
Final ☐

Shipped from _____ to _____ Weight _____ Government B/L No. _____

I certify that the above bill is correct and just and that payment has not been received.
(Payee must NOT use this space)

Date 6/14/56 STATINTL
Differences _____

Per _____ Amount verified; correct for _____
(Signature or initials) 7/12/56

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment. STATINTL

† Appro _____ 7/12/56 SIGN ORIGINAL ONLY

By _____ CONTRACTING OFFICER Title _____

Title _____ Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL
APPROVING OFFICER

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____ } favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be written in the space provided for the signature of the payee.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for _____", and over his official title.
Approved For Release 2000/04/11 : CIA-RDP64-00360R000400100025-0
Title _____

Services Other Than Personal

U. S. COST REIMBURSABLE

Sheet No. 1 of Bureau Voucher No. 290

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
TATINTL		Contract A101 - System III					
TATINTL		Direct Costs Properly Chargeable to Contract A101 for the period 5/28/56 thru 6/3/56					
		Labor Week Ending June 3, 1956					
		Overhead computed for Communications Division at interim rate of [REDACTED]					
		Other Costs - per schedule attached				55	53*
		Total Labor, Overhead and Other Costs				[REDACTED]	[REDACTED]
TATINTL		G. & A. expense computed at interim rate of [REDACTED]					
		Total Costs				\$10,377	88*

STATINTL
STATINTL

STATINTL

STATINTL

55 | 53v

\$10,377	88 ^y
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STATINTL

CHECK REGISTER

CHARGE DISTRIBUTION CLEARING LIST

☐ DETAIL DIRECT DISTRIBUTION

DETAIL INDIRECT DISTRIBUTION

SUMMARY DIRECT POSTING JOURNAL

☐ SUMMARY INDIRECT POSTING JOURNAL
FOR OPERATING DIVISIONS

~~ACCOUNT~~

☐ SUMMARY INDIRECT POS
FOR NON-OPERATING DIV

OK 8773

THE STANDARD REGISTER CO. - PACIFIC DIVISION OAKLAND LOS ANGELES

NTS PAID

☐ CONSOLIDATED DISTRIBUTION REPORT
☐ ADJUSTMENTS
☐

RECEIVING JOURNAL
 VISIONS

DATE _____ PAGE _____
 REPORT NO. _____

RECEIVING REPORT NUMBER	C. E. CODE	CHARGE DISTRIBUTION				DISTRIBUTION AMOUNT
		ACCOUNT	M.J.O.	S. O.	WORK ORDER	
	5	12700	5023	4		2255000
	5	12700	5023	5		2255000
	5	12700	5023	6		2255000
	5	12700	5023	9		2255000
						41 00
						14 53
						55 53